Form **8871**

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

(July 2000)

Department of the Treasure

Pai	rt I General Informati	ion		1 2 1 15 15 15 15 15 15 15 15 15 15 15 15 1			
1	Name of organization	. 0 . 1 / 31 / 5 . 6		Employer identification number 58 2 560545			
	DOUCHAS C. 1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ommittee to elect	18:2360343			
2 Mailing address (P.O. Box or number, street, and room or suite number)							
	269 N. JACKSON Street, Ste 101						
	City or town, state, and ZIP code A Hens 5, Greening 30661						
	Hthews, GT	ecrayA SO	<u> </u>				
3	E-mail address of organization A CM 1/A) 1/1 P Gol. COM Name of custodian of records Ab Custodian's address						
		CM CM	All Custodian's address				
4a	Name of custodian of records	1111	SAW.				
	Douglas C. M	14/11/2 1	SMINC				
	12003145 6. 77	, , , , , ,					
			5b Contact person's address				
	Name of contact person		SAME				
,	Douglas C. M	16KilliA 1					
	1008 1132 G. 11	1 /					
	5 ddae o of organizat	tion (if different from mail	ng address shown above). Number, street,	and room or suite number			
6	Business address of organizat	ness address of organization (if different from mailing address shown above). Number, street, and room or suite number					
	City or town, state, and ZIP c	orle					
	City of town, state, and zir c	ouc					
D۵	rt II Purpose						
7	Dil-a tha austraca of the o	rganization					
'	Describe the purpose of the o	1) Lac + C. 110	frocts carrign	Contabutions			
	1.02		Texas Services	Δ .			
	and	Make Ci	Empaino related e	xpenditures			
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	In t	de function	in of electing !	DovalAs C. MYGIII			
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Рa	rt III List of All Relate	ed Entities (see inst	ructions) Novie				
8a	Name of related entity	8b Relationsh	p 8c Address				
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				AUG 0 2 2000 SS-SH			
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_				OGDEN, UT			

Part IV	List of All Officers, Di	rectors, and Highly Col	mpensated Employees (see instructions)
Dov	glas C. MKillip		
_	MKillip	Chairman Chairman	Same
PAUL	LANCASter	Treasure Occurrentation	SAME
	Under penalties of perjury, I decl Revenue Code, and that I have e it is true, correct, and complete.	are that the organization named in xamined this notice, including according	I Part I is to be treated as an organization described in section 527 of the Internal ompanying schedules and statements, and to the best of my knowledge and belief,
Sign Here	Signature of authurized of	/ (7/28/00 bate